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## BIB DATA SHEET

CONFIRMATION NO. 4724

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/152,193 09/02/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\* SMALL ENTITY \*\***

04/11/2000

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance W.S. Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MI		50	17

**ADDRESS**

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**TITLE**

Vaccine to control equine protozoal myeloencephalitis in horses

<b>FILING FEE RECEIVED</b> 1336	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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